

The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

November 15, 1955

Volume 30 • Number 10

Midwinter Affairs Report

All of the sections of the Midwinter Meeting are progressing in good order. The Essay Program section, headed by Henry Mathews, has its program nearly complete. The Limited Attendance Clinic Program, under the guidance of Jim O'Donoghue, is nearly complete with a goodly number of new faces and clinics. Ed Werre after an extra weekend of homework on the Table Clinic Program with some help from the President, Gus Solfronk, has now worked out the complicated scheduling necessitated by the change in the Table Clinic format. Instead of the Tuesday afternoon program in the Grand Ballroom there will be table clinics in the north two sections of the Williford Room (the new room above the Boulevard Room) on Monday, Tuesday, Wednesday afternoons. The Grand Ballroom will be devoted to the Television Program all day Monday and Tuesday under the guidance of Bob Humphrey. Four different subjects will be presented on each of the four half-days. The first hour of each program will be a teaching presentation and the second hour will be given over to actual case presentation. By arrangement in advance, dentists from the audience will have patients whose cases will be discussed and reviewed by panelists. Adolph Stark, Program Chairman, has the big job of correlating the various sections into a well-rounded and smooth-

running whole. His quiet devotion to his job assures us of another outstanding program. In the background of all this activity is the guiding hand of the General Chairman, Herman Wenger.

The Entertainment Committee, with Joe Voita at its helm, has arranged a gala evening, so start making plans for Wednesday evening by reserving a table. Bill Os-manski, Chairman of the Scientific Exhibits Committee which this year assumes responsibility for the Health and Education exhibits also, has planned an exceedingly fine display. Ted Kritzke and his Projected Clinics Committee have worked out the tricky task of fitting each clinic which runs 18 minutes into a block of five others, and a very much enlarged program is planned. Howard Harvey and the Motion Picture Committee are well on the road to a complete program, awaiting reply on one or two more pictures.

Returns from commercial exhibitors are coming in well and allocation of space will be made shortly. All in all everything points to another wonderful Midwinter Meeting. It's not too early to make those final preparations and mark off those dates on your appointment book. If you are going to take a hotel room, make that reservation NOW and plan that table for the dinner dance and for the fashion show.—Edward W. Luebke, Chairman, 91st Midwinter Meeting Affairs Committee.

NEWS AND ANNOUNCEMENTS

NORTH SUBURBAN CLINIC, DECEMBER 7, REPLACING THE REGULAR CLINIC DAY

The North Suburban Branch will hold its December 7th meeting in conjunction with the Navy Dental Corps at Great Lakes, Illinois. Capt. Grunewald, Senior Dental Officer, has gone to great pains and expense to put on a day to long remember. He has secured at our request Dr. Henry M. Tanner of the University of Southern California, now a Reserve Officer on active duty and stationed at the Naval Dental School, Bethesda, Maryland. He will come to Great Lakes to present "High Speed Armamentarium in Operative Dentistry."

The day's program will begin at 2:00 o'clock and will consist of a scientific session, cocktail hour and dinner, followed by entertainment. It is essential that reservations be made in advance. Please call the Secretary of the North Suburban Branch, Edward J. Sullivan, University 4-6565.

CHICAGO DENTAL ASSISTANTS ASSOCIATION

The second in a series of articles

Perhaps we had better start at the beginning.

The Chicago Dental Assistants Association was organized and incorporated in January 1923, as a non-profit association under the laws of the State of Illinois. It is a part of the American Dental Assistants Association, a national organization. Its structure is much the same as the American Dental Association and its component societies.

The object of the organization is "to aid in the advancement and elevation of persons employed in ethical dental offices and to secure the educational advantages of lectures, clinical demonstrations, discussions and instruction in the details of

their duties." In the absence of formalized education for dental assistants, this Association then, becomes a valuable source for further knowledge in this field of endeavor. True, the assistant has "on the job training," but it is limited with respect to dental assisting as a whole. Association with members of her vocation is important. The feeling of fellowship cannot but help to inspire her to render a more efficient service to her employer, resulting in mutual benefit.

INTERNSHIP IN ORAL SURGERY

The Research and Educational Hospitals, University of Illinois, offer a one year internship in Oral Surgery beginning July 1, 1956. Residence at the hospital with room, board, laundry and a minimal stipend is offered. Emphasis is placed on the practical aspects of Oral Surgery as pertains to Out and In patient service. Address all inquiries to: Dr. D. J. Caseley, Medical Director, University of Illinois Research and Educational Hospitals, 840 S. Wood St., Chicago, Ill.

DR. E. G. FALLER

Dr. Faller was born April 8, 1888 on a farm in Baraboo, Wisconsin, where he spent his boyhood and graduated from Baraboo High School. Matriculation followed at Northwestern University Dental School where he was graduated as the youngest man in the class of 1912 and also received the honor key of Omicron Kappa Upsilon.

He elected to stay in Chicago where he practiced on the northwest side in the California and Armitage area for forty-three years. He was the prime organizer of the Northwest Side Branch of the Chicago Dental Society. He became its first president and first director to represent this Branch on the parent society board

(Continued on page 29)

EDITORIAL

RELIEF FUND OR APPRECIATION FUND, WHICH?

On December 1st or thereabouts each of us who is a member of the American Dental Association will receive a letter containing 100 Christmas seals with a self-addressed envelope in which our contribution to the Relief Fund is to be returned. Before you write that check, stop and think what that fund means to those of our profession whom misfortune has overtaken. Right here the editor would like to indulge in a little editorial license by calling it an appreciation fund rather than a relief fund. An appreciation fund for saying, "Thank you" to each of these men for their share in making the profession of dentistry the great healing art that it is; our way of saying to each one of these men, "We are grateful for the contribution you have made to the progress of dentistry and to the health and happiness of the patients you have served." In many cases their situation is one over which they have little or no control.

What will your gift do? It will make the declining days of a fellow dentist just a little more comfortable and free from at least some of the worries which plague those who have seen those savings for a rainy day wiped out and no one to whom they might turn for help in their declining days. Maybe the grant received is not great and yet it can be the difference between being a ward of the state or the welfare department and the quiet dignity of one's own room and the feeling that, at least in part, they are able to pay their own way.

So in the spirit of the Prince of Peace who taught us that it is more blessed to give than to receive may you and I join with the wise men of old in bringing gifts in the name of the Christ Child to the aged and needy of our profession. If each of the 80,000 active practitioners gave \$5.00 our appreciation fund would grow by \$400,000. Just think how much comfort and happiness that could bring!

GIVE NOW! * * * Give generously and the feeling of warmth that real giving and sharing alone can give will be yours and you will know what the Master meant when He said, "Inasmuch as ye have done it unto one of the least of these, ye have done it unto me." You will be blessed, your Christmas-tide richer and the less fortunate be made just a little happier.

AGE OF RESPONSIBILITY

■ Since lasting peace is the greatest need in the world today, it becomes our duty as citizens to inform ourselves and our communities and to gain understanding of the problems of peace . . .

A distinguished historian recently said that in a democracy, not to know is criminal negligence. Someone else has called the political and civic irresponsibility of some Americans "subversive inactivity." Communism and the H-bomb are not the only threats to our civilization. Indifference from within, and lack of information constitute as great a danger, for a democracy is no stronger than the intellectual and moral fiber of its people.

Instead of the Atomic Age, let us call our times "The Age of Responsibility" and determine to solve our problems *ourselves* and not leave them for the proverbial "George" or the United States Government!—MRS. THEODORE S. CHAPMAN, Pres. General Federation of Women's Clubs in *Cues on the News*.

It's not too early to

THINK

ABOUT YOUR TABLE FOR THE
MIDWINTER MEETING DINNER-DANCE



February 8th, 1956

Joe Voita, and the Entertainment Committee



and please don't

FORGET

TO RESERVE A TABLE FOR
THE LADIES' LUNCHEON AND
FASHION SHOW

February 7th, 1956

*Mrs. Willis J. Bray and
the Ladies' Entertainment Committee*

Diagnosis in the Dental Office of the Future*

Arthur Elfenbaum, B.A., D.D.S., Chicago, Illinois

[Dr. Arthur Elfenbaum began his professional career as a school teacher. He received his Bachelor of Arts degree and Teacher's Certificate from the Victoria University of Manchester, England, and taught in the public school system of the same city. On his arrival in Chicago he entered Northwestern University Dental School, where upon graduation he was elected to the Omicron Kappa Upsilon Honor Dental Society. After service with the Dental Company at Fort Oglethorpe, Georgia, he opened an office in Chicago and practiced for twenty-five years. He then joined the faculty of the College of Dentistry at the University of Illinois and became Associate Professor and Chief Examiner in the College of Dentistry and Chief of the Dental Clinic in the Research and Educational Hospitals.

At the present time Dr. Elfenbaum is Professor of Diagnosis at Northwestern University and Consultant in Diagnosis at the Dental Training Center of the Chicago West Side Veterans Administration Hospital.]

For centuries before dentistry became a profession, it was a crude art that concerned itself only with the repair, removal and replacement of teeth.



Dr. Elfenbaum

The tribal priest of ancient days treated a toothache by chanting a prayer and by the application of a paste with magical as well as medicinal properties. Many of our museums exhibit splints made by the Phoenicians and

dentures constructed of wires and metal bands, with teeth carved by early Greek artisans. The barber of a few centuries ago included the extraction of teeth among his minor surgical treatments; the goldsmith fashioned inartistic dental replacements and the carnival faker barked of his prowess in placing amalgam fillings. In the eighteenth century dentistry gained recognition as a profession, but its service was mainly cosmetic, catering to the vanity of the wealthy classes of France, Germany and England. During all these centuries those who practiced dentistry confined

their efforts to the narrow limits of the tooth. A hole in a tooth was filled, a hopelessly involved tooth was extracted and missing teeth were replaced. When the Baltimore College of Dental Surgery was established in 1840 and the biological sciences were introduced into the curriculum, dentistry began to assume true professional status and extended its interests beyond the tooth itself. In spite of the subsequent struggle to eliminate the proprietary dental school, dental educators eventually were successful in emphasizing the importance of the related basic sciences and their application in clinical practice.

It is to be regretted that in their enthusiasm the early pioneers in dental education did not correct the worst thing that ever happened to our profession—the name given to it, Dentistry. Derived as it is from the Latin *dens*, meaning “tooth,” the word implies that at the distal surface of the last molar there is a sign reading “Thus far shalt thou come, but no further.” When the dentist moved his frontiers to include the periodontal soft tissues, the cementum and alveolar bone, his efforts were acclaimed. However, when he began to treat pathology and injuries of the body of the maxilla and mandible, he met mild protestations from the medical profession and when he invaded the maxillary sinus, the submaxil-

*Presented at the Midwinter Meeting of the Chicago Dental Society, February 10, 1954.

lary regions, the temporomandibular articulations and other oral accessory structures, the objections became more evident. At the moment, adverse criticism is being heard of the dentist's use of the newer medications, the injectable antibiotics and his prescription of vitamin preparations. It so happens that while dentistry's boundaries are being extended to greater and greater distances, the new horizons of medicine are at the same time being pushed practically beyond view until its total comprehension is too enormous for the conception of one human mind. Consequently the medical profession is gradually relinquishing its responsibility for the mouth and is welcoming the cooperation of the dentist when oral problems arise. For the physician the mouth is essentially the passageway to the larynx, pharynx and more challenging regions beyond. In medical schools the mouth and its diseases receive scant attention, whereas in dental schools the study of oral pathology, oral medicine and oral-systemic diseases is being emphasized more and more. Eventually these studies will lose their status in the dental curriculum as purely academic subjects. Time spent in clinical oral pathology and applied oral medicine will be as essential for graduation and for the proper preparation for practice as the requirements now demanded in the accepted clinical subjects. A patient acutely ill in the hospital ward with a painful aphthous stomatitis as part of his complaint will be considered as valuable an example of teaching material in the undergraduate education of a dentist as the preparation of a tooth for the retention of a partial denture. In those schools that are advancing with the times, the science of correlating a clinical and roentgenographic survey of the mouth with the signs and symptoms of systemic disorders is being taught. Dentistry is discovering that some diseases from which patients have apparently recovered may leave their mark in the oral tissues and that manifestations in the mouth may assist in the diagnosis of a prevailing illness of which the patient may or may not be aware. An im-

pending threat to a person's health is often revealed by prodromal signs and symptoms observed by the dentist during a routine examination or he may find evidence of it in the intra-oral roentgenograms. Systemic dysplasias and dysfunctions, although not enough to cause illness or invalidism or even a discomfort, may become apparent during a survey of the mouth when a systemic and adequate diagnostic procedure is followed. A patient's oral problem might possibly be the dental aspect of a medical problem. Students are being taught how to encourage patients to give their medical histories liberally. They are learning the use of appropriate additional diagnostic aids and the interpretation of the data. The assembled information is then correlated with the history and the clinical examination of the mouth; a treatment plan is selected and its prognosis evaluated. The object of today's dental curriculum is something more than coaching students to pass a State Board examination. The biological sciences and clinical subjects are being combined into a comprehensive and comprehensible unit. In many colleges the dental and medical students sit together in classes in anatomy, physiology, pathology and bacteriology and the teacher is generally unaware whether his charges are aiming for the D.D.S. or M.D. degree. Physicians throughout the country are well aware of the new trend in dental education and welcome recent graduates from dental school to the staffs of their hospitals, not essentially for the correction of dental defects or for the replacement of missing teeth, but more for consultation and diagnosis leading to the treatment of both oral and systemic pathology. Consequently about one-third of the more than six thousand hospitals in the United States now have dental departments and the number is rapidly increasing.

It so happens that in these days of affluence and inflation dentists are able to occupy all of their time with, and earn a handsome income from, cases involving only the 3 R's of dentistry—*repair, removal and replacement of teeth*. How-

ever, no one can be so foolhardy as to minimize the value of the dentist's skill in restoring the oral economy to look well and function efficiently and it is still true that the basic essentials for success in the offices of most dentists are dental extractions and the restorative procedures. But the time is not too far distant when the medical profession and the public will expect the dentist to be the mouth physician. In that capacity he will be held responsible not only for the utmost in technical skill but also for a profound knowledge of the normal, abnormal and pathological conditions of the oral and perioral structures and their relation to the physical and psychological welfare of the patient. He will be expected to recognize, understand, differentiate and identify all the clinical and roentgenographic aspects of the teeth, the periodontium and the jaws and to determine whether there is any correlation with an existing or possibly with a past or impending aberration of the patient's health. It will be the dentist's duty to plan the treatment that he is qualified to render, to consider the previous, simultaneous or subsequent treatment given by the physician and to estimate the prognosis of his own treatment according to his evaluation of the patient's ability to respond to it. Essentially that is the crux of this presentation—the dentist of the future will not only be expected to be a skilled artist and craftsman, able to restore the oral and dental structures to perfect harmony in function and esthetics, but he will also be held responsible for the recognition of the oral manifestations and roentgenographic aspects of many systemic diseases.

As a general rule, people consult a dentist for restorative oral treatment more often than they visit a physician for their health, thus affording the observant dentist an unusual opportunity to detect numerous subclinical and preclinical systemic pathologies. Dental patients who assume themselves to be in perfect condition or do not find it necessary to consult a physician for minor discomforts may present oral signs and symptoms which, when built up into a syndrome, will help

the dentist to guide his patients to better living. The old adage about an ounce of prevention being better than a pound of cure can still lead to good and practical therapy in the dental office. No wholesome person is anxious to become a patient, not unless pathology really afflicts him. Whether or not the dentist is able to treat or prescribe for him is not of critical import at this time. That he is able to correlate systemic pathology with conditions that involve him as a dentist is much more important and the records show that the lives of patients have been saved by the alertness of understanding dentists. For example, small red petechial spots on the buccal mucosa are not always detected or given the importance they deserve. Patients are usually unaware of them, but investigation may prove them to be the oral manifestation of serious pathology. When questioned, the patient may recall episodes of excessive bleeding following previous dental extractions or minor cuts. There may be a history of abnormal hemorrhage during menstruation or after childbirth. Black and blue areas (purpura, ecchymosis) may be observable on the patient's arms and legs and laboratory tests may reveal abnormal blood findings. All this information may indicate a splenic disorder which, if ignored, may eventually lead to a frank blood dyscrasia with severe hemorrhage. If a dental extraction should trigger the incident, as well it may, the dentist's reputation in the community could be seriously jeopardized. The dentist, at the small expense of a little additional time spent in taking a history and surveying the mouth may, by the detection of a very early manifestation, be instrumental in the prevention of a fatal outcome.

Many cases of unrecognized diabetes mellitus have been suspected by dentists after noticing the evidence of a peculiarly irregular resorption of the alveolar bone in the intra-oral roentgenograms. The suspicion may be confirmed by a history of delayed postextraction healing, excessive thirst, frequent urination and a familial tendency to diabetes. A simple urinalysis is often sufficient to detect the

presence of sugar. It would be folly for the dentist to even talk about a series of periodontal treatments without proper management of the diabetic condition by a physician and delay could mean gambling with the patient's life.

The dentist's part in the early recognition of primary and secondary cancerous lesions of the mouth, lips and face has won considerable acclaim in the past few years. He has also learned to perform diagnostic and therapeutic biopsies expertly and he is becoming qualified to advise his patients regarding the relative merits of surgical and radiation therapy for oral and facial malignancies. His knowledge of impression technique, dental materials and laboratory procedures has been of great help in the construction of shields and carriers for X-ray and radium therapy when oral structures are involved, and he has produced beautiful cosmetic results with somatoprostheses to correct postsurgical facial defects.

At the present time there seems to be an increasing number of cases of oral soft tissue lesions which can no longer be given the empirical therapy applied to them in the past. The indiscriminate use of antibiotics for such lesions is to be condemned. If the lesion is furry in appearance, feels fuzzy to the finger and is easily removed, leaving a raw surface from which blood oozes, it should first be considered as a possible moniliasis, an infection caused by the fungus *candida albicans*. If the etiology is not given consideration and penicillin troches are prescribed, the condition will be aggravated because of the symbiotic harmony of the fungus in the lesion and the mold extract in the medication. In addition it will often be found that the patient evidences other fungus infestations on the body, some of which the dentist may see. The patient may have dandruff which sheds onto the coat collar, barber's itch, ringworm, athlete's foot, infected nails or a mild itching on various parts of the skin. On the other hand, a whitish lesion with a crazed surface and somewhat hard to the touch suggests an epithelial keratosis. In advanced cases the lesion may have a

cauliflower appearance and be firmly fixed to the underlying tissues. If a biopsy shows it to be a leukoplakia, it should be regarded as cancerous.

Tongues are often regarded as more or less of a nuisance in dentistry. They have the irritating habit of constantly interfering with the carborundum disk or of being used by the patient to lift the lower denture to prove that it does not fit. However, the tongue should be given serious consideration by the dentist during the oral survey. It should be studied for changes in morphology, color and character. An enlarged atonic tongue with crenated borders, lying limply in the floor of the mouth may be an indication of poor muscular tone throughout the body. A red, atrophic tongue, poorly papillated, is frequently to be associated with a vitamin B-complex or hormonal deficiency, an anemia or emotional imbalance, especially in the postmenopausal patient. The burning tongue and the perverted taste sensation are often attributed by the patient (at the suggestion of a physician or well-meaning friend) to the new plastic dentures which are credited with causing an allergy, a complaint which causes the dentist an endless amount of grief. There is a strong possibility that the glossodynia existed before the dentures were made, but the dentist failed to ask any questions and did not observe the tongue. Had he taken precautions and made a proper diagnosis, he might have brought the symptoms to the patient's consciousness before the impressions were taken and suggested medical consultation. An explanation, no matter how scientific it may be, is rarely effective after the dentures have been delivered and the patient has registered the complaint.

Dentists are learning to build syndromes by observing signs on the exposed parts of the body as well as those in the mouth. Large frontal bosses and a pigeon breast may help in determining that the hypoplasia of the enamel and the open bite may have been caused by rickets during infancy. Edema of the ankles may

(Continued on page 24)

NEWS OF THE BRANCHES

NORTH SUBURBAN

Can't believe I'm up to bat again—time marches on. The first Northwest Dental Study Club meeting of the '55-'56 season was successfully held Tuesday, October 25 at Wellers on Waukegan Road. Good turn-out—most everyone was thirsty or hungry or both. The speaker, John Kollar, Assistant Professor of Periodontics at Loyola, gave the boys the latest on the subject. . . . Heard Chuck Shaner is breaking ground for his own office building only two blocks from present headquarters in Mt. Prospect with two stalls available for other interested parties. . . . Good to welcome Paul Bostian back to his cell in Arlington Heights after a two-year furlough with U.S. Army. . . . Understand Frank Psota, John Heller and Ray Schultze reported at San Francisco as delegates to the A.D.A. and Geo. Carey took it in also. . . . Eddie Baumann tells me that he was staked to free bed and board in Albuquerque recently, courtesy of Wally Fanning formerly of Barrington. Eddie is a news-hound now-a-days also rounding it up for the *Illinois Dental Journal*. . . . Didn't realize Cadillac made fire-engines till I saw Gil Westgard behind the wheel of his bright red one. Real Jazzy. . . . In the new homes dept. we have Hoy-man Kelder, Roy Oakdale, and Clay Marr all set to be neighbors soon in a mighty fine new sub-division in north Park Ridge, while Rod Nystul moved recently into an attractive home only two blocks away. The boys are petitioning the city to name it 'Denture Alley.' Charlie Cameron's son Dick is following in pop's footsteps—at present a freshman at N.U.D.S. . . . Early winter vacationer Randy (Calypso) Willoughby just returned from 7 de - e -lightful days and nites in Jamaica, where he reports he snagged the second largest marlin caught in them there waters—9 ft. 7 in. Haven't seen the

critter nor photos of same so it sounds fishy to me. That wraps it up for this edition. You guys get out and live a little so I can write about it.—*Russ Ephland, Third Ass't Correspondent.*

WEST SUBURBAN

Hurrah, for the pumpkin pie. Observing the democratic processes in the recent A.D.A. meeting gives me great pride in our society and when Thanksgiving comes this year with its abundance of things to be thankful for, say a prayer of thanks for the American Way and for your delegates who represented you and sacrificed their time attending the largest A.D.A. meeting. Read about the meeting in your journals. . . . A card from Wayne Dunnom shows the bright lights of N.Y. where he attended an Oral Surgery meeting at Columbia. . . . Dr. Joseph Kostubala will speak on "Tumors of the Oral Cavity" at the West Suburban Round Table on Monday noon, Dec. 5th. . . . The West Suburban Study Club will have Dr. John F. Johnston speaking on "Resin Cements" at their next meeting Nov. 17th. Place: Stone Cottage, North Ave. and Rt. 83. Time, 6:30 p.m. . . . Hear Melvin Genaze has a real show place and a very practical new office in Westchester. . . . The subject for the next West Sub. Branch meeting has been changed. Dr. F. Raymond Garvey of St. Paul will speak on "Full Mouth Rehabilitation" on Tuesday, Dec. 13th at the Riverside Golf Club. . . . Talked to Ione Kral this A.M. Her first day back at the office. She was all smiles over the phone and we wish her a very happy recovery. She's really made a marvelous recovery so far from her very bad accident. So many broken bones she didn't have fingers and toes enough to count them. . . . It's good to hear of dentists in a small community banding together

for study. The Franklin Park group, which meets on the second Monday each month, heard W. A. Link on Amalgam this last meeting. . . . Foster Robeson took his pen in hand in a recent article in one of the pocket dental magazines. . . . Three of the new members of our society are W. H. McClure of Westchester, Henry Harkensee of West Division St., Chicago and J. F. O'Connor of Melrose Park. We wish these new men many happy years in West Suburban territory. Tom Barber has been on the lecture tour spending some time in Indianapolis and will soon travel to Tennessee. He still does good T. V. work too for U. of I. It is said he sells pencils and paper clips in his spare time, for I have tried many times to find him in his office. . . . (Of course this information comes from his hard working ? office partner who never does anything wrong so can't get in print. He's a former branch correspondent by the name of Tony Malone.) . . . Bob Atterbury has been lecturing to the staff at Westlake Hospital on Oral Surgery, Its Real Meaning. Our physician friends could be better informed for they have failed to cooperate with the A.D.A. in redefining the field for the good of dentistry. . . . Marshall Grunwald has slipped back into his practice from service without mention. We're glad he's returned. He's also at the U. of I. part time . . . Hear George Crane is a semi-expert in the field of Hi-Fi. This is a real pleasant hobby. . . . Al Mayer has moved across the street to 501 Franklin in River Forest. . . . Only 40 days 'till Christmas. Let's get the spirit early. Have fun.—*Bob Pollock, Branch Correspondent.*

NORTH SIDE

Well folks—the BIG day is coming—**CLINIC DAY**—November 30th—Edgewater Beach Hotel. Art Duxler, our Clinic Day Chairman reports that everything is ready for one of the biggest and best Clinic days ever held. Mark your calendar for *all day*. Did you send for your reservations? Check the flyer for

full information. . . . At this writing, we have reports that many of the fellows are back from the ADA meeting. Our North Side was very well represented. Among those seen were: Our President, Herb Gustavson, Hal Sitron, Harold Oppice, Ed Luebke, Harold Hillenbrand, Ted Dubrow, Jack Lippert, John Anderson, Walter Buchmann, Earl Elman, Bernie Rabin, Bill Osmanski and Bob Riemer (delegates), Phil and Bill Schoen, John Lavieri, E. Frazin, Morry Falstein, Red Berk, Fred Scambler, Henry Parkin, and probably many more that I have not heard about. I could probably give a better report if I were there, but my paper didn't send me as its reporter. It would seem from some of the reports that more men were sightseeing and eating at Fisherman's Wharf than at the meeting. Joe Krohn had one of the best attended Table Clinics there, on Cav-iron. Morry Falstein gave a Projected Clinic on "The Use of Loose Teeth as Abutments in Fixed and Removable Bridgework" and Frank Amaturo gave a Projected Clinic in Color with some novel ideas in cavity preparation. It was one of the best attended meetings. . . . Herb Goldt is again advancing himself by taking the Advanced Course with Granger. . . . Russ Boothe and John Bodine went to the Homecoming game between NU and Indiana. Russ is always good for news and reports that John Lavieri took the exams for the American Society of Surgeons at LA; Van Carmichael is down south trying to get some ducks, probably just observing which way they fly; and Russ is feeling sorry for one of our boys from whom he just removed an impacted third molar. . . . Irv Selter is now a grandfather. He is President of the Chicago Academy of Dental Psychosomatics, (Hypnodontia), and is doing a very outstanding job there. Their last meeting was very well attended, with an excellent speaker. Our own Morris Gerry is their Program Chairman and has lined up a very impressive series of meetings. . . . Earl Elman did a terrific job on OASI, but in spite of it, the House of Delegates voted for 'Voluntary' inclusion

of dentists into OASI. This is really a victory, in a sense, for the overwhelming majority of our members want social security. The present position of the ADA is that it is no longer opposed to OASI for dentists, but *favours* voluntary inclusion. I don't believe Voluntary inclusion is permitted by the government, except for the Clergy, due to certain vows of 'poverty,' by some orders. Earl tells us that it is urgent that inclusion of Dentists in OASI be before April 15, 1956, before the drop out clause (lowered or no incomes for 1955) takes effect, which could materially reduce our benefits. . . . Welcome to Chester Stanley, just returned from the Air Force. . . . The Petersons are back on the job after a long summer vacation, and Pat says it's good to be at work again. As Chairman of the Sports Committee, he has signed up already for next year's Golf Outing. . . . Fred Kamin is enlarging his Table Clinic on Inlays, with a complete set of slides and the latest type projector, to facilitate the showing of his very practical and simplified technic. He will be on the AO clinic this month and the Projected Clinics at the Midwinter Meeting. . . . Art Hanson is off quail hunting for a whole month, down in the Ozarks. Quail is his objective, but I guess anything that comes within his gun-sight will do. . . . Hal Sitron had a swell time when he was introduced to Las Vegas by George Rasqui and his wife, who (George) incidentally, is the Editor of the *Nevada Journal*. George showed Harold how to hit the jack-pot with the use of a magnet, and Harold made his expenses there. Of course they visited all the sights including Lake Tahoe and Boulder Dam. . . . Ruby Kadens is going to a wedding in New York over the Christmas holidays. . . . Carl Sudakoff is quite in demand as a speaker, having addressed the students at Senn High on 'Career Day,' telling them why they should study dentistry, and also spoke at the N. S. Baptist Church on Preventive Dentistry. . . . Henry Parkin returned and is telling fabulous stories of all the men making loads of money out west, and specifically mentioned 3 former

NS members: Les Kahn, Bernar Jurist and Ray Rothschild, who are doing particularly well. . . . Stan Buckner is doing a good job as President of the Uptown Forum and Warren Gerber, their Program Chairman, reports a very interesting schedule of programs. Last week, Oct. 21st, they had Dr. Freeman on 'A Trip thru Australia and New Zealand' and then for each Friday thereafter, they have scheduled Dr. Norman H. Olson, Prof. of Pedodontia, Northwestern; a film on Golf 'Keep them on the Fairway'; and Dr. Frank Pirruccello on 'Plastic Surgery.' Their meetings are well attended and all NS members are invited. . . . If you don't see your name here it's because nobody told me what you are doing.—*I. H. Shapiro, Branch Correspondent.*

NORTHWEST SIDE

Amidst the howls and cries of assorted Indians, ghosts and other wildly costumed creatures—and my wife asking for storm window installation—I'll attempt to bring you the mid-monthly news. One little hob-goblin informed me that anyone expecting to stay at the Hilton during the Midwinter Meeting had best make reservations now to be sure of obtaining a room. No wonder he keeps building and buying hotels. . . . Speaking of real estate, did J. Gold get a buyer for his co-op or is he still searching and waiting? . . . Si Price (our ethics chairman) has moved to new offices on Petersen Avenue. . . . Ted Restarski is now an instructor in the prosthetics department at Loyola. . . . Ben and Mrs. Davidson visited their daughter during the Illini homecoming, but he couldn't bring in a winner. . . . In addition to those mentioned in the last column who went to San Francisco were Chester Stypinski and Wally Davis. . . . After attending the A.D.A. meeting Joe Zielinski spent five days in Santa Barbara with his daughter and her family, but had bad luck with his picture taking—no sunshine (ah, Florida). . . . Jim Hodur has moved into new offices in

the Lockton Medical Center. . . . George (family handyman) Birch had an argument with a ladder while installing storm windows—he lost, and while recuperating searched the want ads for handymen. . . . Condolences to Si Price on the loss of his sister and also to the Sam Cascios on the loss of their baby. . . . Joe Lebow's father was suddenly taken sick. . . . Are those long cigars of his affecting Dave Klapman's bowling, or did they smooth out the grooves in the alleys. . . . Ray Rux was the only member of our branch who travelled out to Honolulu with Bob Placek. . . . And how about more of you members traveling out to the Wishing Well restaurant on the first Tuesday of the month. By the time you read this you may have already missed two very fine meetings with only three more to go. Join with us so that we may do more for you.—*Lee Schwartz, Branch Correspondent.*

ENGLEWOOD

'Tis October 31st. Ghouls are afoot. Ghosts walk the earth. Me mudder-in-law has a big black pot of some thick goo stewin'. The Battle-axe is goin' down the check-list, makin' last-minute adjustments on her broom. Joe (pronounced Djaughe) is posing for a life class in pumpkin-head carving. This is the only night of the year on which I can walk down the street and not feel self-conscious. Heifetz is making with his Joseph Guarneri del Gesu in the Brahms violin concerto in D on my hi-fi. The Courvoisier brandy bottle is *still* half full. All is well with the world. Well, that is, it was 'til Karl Richardson's letter broke the spell. Among other equally complimentary stuff it sez, "Since your last column, copies of the FORTNIGHTLY have been going like wildfire. We have been *burning* them!" An' Marion Hopkins calls and hollers like anything at me because of "the raw deal the downtown staff gave Englewood by not printing the first part of Al Fick's last write-up." An' now "A.G." Person jist storms in allover

excited 'cuz he has gone through the book four times and *still* can't find the beginning! Now you girls just go and read the *last* part of *my* column in the Oct. 1st issue, an' then simmer down. When Elmer Ebert sez to limit it to two columns, we limits it! Now Uncle Al and I know that we have at least TWO readers, an' we thank you, "A.G." and Marion. Would of swore we could fill an issue with recipes for penguin wings—in Hindustani—and not get a peep out of the whul branch. Come back, "A Member," I miss you. Not even a meek squeak from Verink's pharynx these days. So-o-o, after gettin' this off me chest, I feel a heck of a lot more like I do now than when I started. This brandy is the nuts, Karl! . . . Bill Rowan, Jr. will think twice before he again invites sumbuddy to "come in, next time you're driving past the office." Sumbuddy did just that t'other day—pushed in the whul front of his office! His gal was equal to the occasion, however. She comes out and quietly asks, "Did you have an appointment?" . . . Brer Lucas is still tossin' a coin with Generous Gohn Lace for the chair 'til Luke can dig in someplace on his own. Gohn is reported stepping up his working schedule and is doing very nicely all 'round. Keep it *Upjohn*. . . . Adolph Gumpel, after getting his two gals off to school, made the Cal. meeting and took Greeley's words so to heart that he ended up in Hawaii. . . . Gil Pape stayed over an extra week to visit with friends. . . . Meyer Segal has went literary (literary and figgerary) by having an article published in the Oct. (you should pardon the expression) ORAL HYGIENE. Welcome to the fold of we authors, Dr. Segal. . . . Mal Brooks was caught nailing up his mudder-in-law's summer shack. Report has it that the M-I-L got out anyhow. (Only kiddin', Mrs. Becker.) . . . O'Livi got in a feetsball game with his meeting. . . . Bob Tharp's re-doing his reception room in a lovely all-over pattern of, "Ask about our prices." . . . One of our sick 'uns is back in the filling station after a bout with a virus. Bob Fisher

(Continued on page 26)

Facts and Fallacies on Fluoridation*

J. Roy Doty, Ph.D., Chicago, Ill.†

We are confused, awed, or even frightened by the things which we do not understand. This fact is well known to the "sleight of hand artist" who has attained skill in mystifying the observer by directing his attention away from the truth. The "medicine man" of the barbaric tribe exploited ignorance in somewhat the same manner. In several communities in the United States, lack of understanding has been exploited similarly to create hysteria, fear or suspicion at a time when a public health procedure, fluoridation, was being considered.

Conversely, if we expect general support for fluoridation we must provide a basis for understanding this procedure. It must be explained in the simplest and clearest terms, accurately but in the language of the average person. We must also provide a clear explanation of the stature of recommending organizations and the reasons why they endorse community fluoridation programs.

The mechanisms which are most effective in dissemination of accurate information and the other factors which affect public acceptance are important, but the primary purposes of this paper are to consider the evidence which has persuaded the great majority of scientists that fluoridation is a desirable procedure and to answer some of the questions which are most frequently asked. Since the demonstration of dental benefits has been so widely accepted, consideration will be directed principally to the questions which relate to the safety of drinking water which contains the recommended concentration of fluoride ion.

(1) *What is fluoridation? Is there natural and artificial fluoridation?*

There are two forms of fluoridation, namely, uncontrolled and controlled fluoridation. In the uncontrolled situation a variable amount of fluoride is abstracted from the earth's strata by the water which flows over or through fluoride-containing formations. In some instances the level of fluoride in the water is excessive, in some other instances it is near the optimum and in many other cases the level is too low to be of practical value.

In this last situation it is convenient to mine the fluoride from rich natural deposits, concentrate it by separation from extraneous material and ship the fluoride for use in areas of deficiency. Controlled fluoridation, is the addition of the purified fluoride in minute, regulated amounts to drinking water which is deficient in fluoride in order to adjust the concentration to that which is desirable for each locality. Like other food materials, the fluoride is shipped from an area of abundance to supply the needs of children in areas where the nutrient is in short supply.

(2) *But is the same fluoride employed in both fluoridation methods? Are there "artificial" fluorides?*

Nature supplies the fluorides for each procedure. There is no "artificial" fluorides; all fluorides are derived from natural sources. True, the chemist can combine the fluoride with other substances to obtain more complex forms, many of which are not ordinarily found in nature, but the latter forms have no relationship to water fluoridation.

When the analytical chemist ordinarily measures the level of fluorides in water, he measures the level of fluoride ion available in the water. It is then only the physiological effect of the fluoride ion with which we are here concerned. This fluoride ion may be obtained in water by dissolving calcium fluoride, so-

Reprinted from the Journal of the Georgia Dental Association, July, 1955.

*Read before Georgia Public Health Association, Savannah, Ga., April 25, 1955.

†Secretary, Council on Dental Therapeutics, American Dental Association.

dium fluoride or many other inorganic fluoride compounds. The identical nature of the fluoride ion in these compounds is, of course, obvious to the chemist who knows that this ion may be passed back and forth between crystals of these compounds by simple laboratory procedures. It is extremely important, however, to get this idea across to the general public to correct the misinformation spread by some opponents of fluoridation.

That the simple fluoride ion is a single entity whatever its immediate source is a fundamental fact of chemistry. Because of this fact we are assured that the many years of human experience with water-borne fluoride involving millions of persons can give us the information we require concerning the safety of controlled fluoridation. We see then that fluoridation is not a new procedure for which we have only ten years of experience but it is rather a procedure which nature has been carrying on for many decades and probably as long as the earth has existed in its present form.

(3) *Should we know more about the action of fluoride in the body?*

Our knowledge of the mode of action of fluoride in the body is somewhat limited. Fortunately our knowledge is continuously expanding and eventually we may find ways to make fluoride even more effective in preventing tooth decay.

At this time the essential consideration is the fact that both the dental benefits and the safety of controlled fluoridation have been demonstrated under actual conditions of use. Nature has provided this demonstration in a more convincing manner than man would have had the patience or temerity to establish. More than 40,000 individuals have lived for years in areas where the fluoride concentration of the water is more than five times as high as the recommended level. Such a large group obviously contained persons with wide differences in physical condition, in food habits and in age range. No evidence has been found of undesirable effects except in staining or mottling of tooth enamel which is observed only at this excessive level.

A study completed in 1953 is of special interest. In Bartlett, Texas, the drinking water contained 8 *parts per million* of fluoride ion. Medical histories were recorded and examinations were made in 1943 and in 1953 on about 100 residents who ranged from 25 to over 70 years of age at the latter date. At the second examination these persons had been exposed to the high fluoride water for at least 25 years and on the average for about 37 years. The investigators concluded that "no clinically significant physiological or functional effects resulted from prolonged ingestion of water containing excessive fluoride except for dental fluorosis."

It is of interest to note that from the standpoint of total fluoride consumed, the use of water with fluoride at 8 ppm for 25 years is equivalent to 100 years of use of water with fluoride ion at a level of 2 ppm; that is, double the usual amount recommended. A number of other surveys have been reported to compare health and mortality conditions in fluoride and non-fluoride areas.

Further results are available from many laboratory studies with animals as well as observations on humans to provide essential information on the body processes for handling ingested fluoride.

(4) *Can a nutrient be beneficial at low levels and harmful at high levels?*

Experience with vitamin A provides an affirmative answer to this question. The recommended daily dietary allowance of vitamin A ranges from about 0.5 milligram in infants to about 1.5 milligrams in adults. These safe and necessary quantities can be obtained from several wholesome foods. However, quantities approximately 100 fold greater than the recommended amount have been consumed occasionally through the use of highly concentrated preparations. Numerous reports in the medical literature describe cases of poisoning of both children and adults from excessive use of these concentrated forms. Related results have been reported from animal studies. Similarly, continued ingestion of amounts of fluoride several hundred fold greater than can be ob-

tained by drinking properly fluoridated water would eventually produce toxic effects. Discussion of the toxicity of fluorides has no meaning unless there is an accurate statement of the level of intake under consideration.

As a simple illustration merely to contrast quantity or intensity variations, let us consider the difference between a gentle breeze and a tornado. The effect in each case is the result of air movement but in one case the result is pleasant and in the other case, disastrous.

(5) *Why should fluoride be provided in drinking water rather than in other foods?*

Careful consideration has led to the conclusion that adjusting the level of fluoride in drinking water is the only safe and practical way to make this nutritional element generally available. The consumption of water varies less than that of any other article in the diet and years of experience and trial have demonstrated the suitability of drinking water as a source of dietary fluoride.

No similar experience is available for any other food. In fact, no other food has been found whose consumption is sufficiently regular and constant to justify the long field trial which would be necessary to ascertain its suitability as a source of fluoride. The natural variations in the fluoride level of many water supplies further complicate the situation. Fluoride supplements in any food other than water would require separate adjustment for each community since the added fluoride must take into account the amount of this nutrient already available from the water. Even then the supplemented food would be unsuitable for use in surrounding rural areas unless each well were tested individually.

On the other hand, the constant adjustment of the fluoride concentration in a water from a central supply is a simple and inexpensive procedure which automatically provides fluoride to all residents and is not subject to the many limitations and uncertainties associated with the suggested use of fluorine in other foods.

The trace of fluoride does not inter-

fere with the use of water for industrial procedures or other purposes.

(6) *Will fluoridation benefit adults?*

The initial benefits of a fluoridation program accrue to the younger children but the protection against tooth decay continues into adult life. Eventually the entire continuous-resident population of the community will have derived benefit from the procedure. The present number of fluoridation programs is sufficient to permit considerable travel or population shift without loss of benefit. As the procedure is adopted by additional communities the effect of population movement will be further minimized.

(7) *Do other minerals in the water modify the action of the fluoride?*

Studies of fluoridation have included areas where water is supplied by melted snow, by surface water from rivers and lakes and by wells. The mineral content of these waters varies from very low to very high levels. There are also wide variations in the relative amounts of different minerals. In all instances, however, the presence of an optimum level of fluoride leads to marked reduction in the incidence of tooth decay but no undesirable dental fluorosis. Wherever the concentration of fluoride is not controlled and is well above the desired level there is mottling of the tooth enamel (dental fluorosis) in a fraction of the population somewhat proportional to the degree of excess of fluoride. Even at these excessive levels, however, no undesirable effect other than dental fluorosis has been detected irrespective of the variations in the amounts of other minerals provided by the water.

Very hard water (high calcium and magnesium levels) may present minor engineering problems in fluoridation, but it does not modify the effect of fluoride at the proper concentration in the water delivered to the consumer.

(8) *Are any dentists and physicians opposed to water fluoridation?*

It appears that of more than 200,000 physicians and 90,000 dentists in the United States, only a relative handful

(Continued on page 32)



PERSONALIZED DENTURES

- CHARACTERIZED
- INDIVIDUALITY
- PERSONAL TEMPERAMENT
- HARMONIZED BEAUTY

Happier patients make a healthier practice. Personalized Dentures are constructed to harmonize with Age, Sex and Temperament. *Functional, Esthetic, and Phonetic* Dentures are better. Your patients will appreciate the difference when Personalized Dentures are explained.

"Microdentures Personalized Are at the Head of the Class"

BY STANDARD DENTAL LAB.
OF CHICAGO, INC.



DEARBORN
2-6721

225
N. WABASH

Wanted: Pedodontist or dentist interested in children's dentistry to be associated with group practice in ultra-modern air-conditioned dental building. Opportunity unlimited. Write giving full particulars and recent photo. Address X-18, The Fortnightly Review of the Chicago Dental Society.

Wanted: Orthodontist or general man with orthodontic experience and training to take over established orthodontic practice of 25 years. Two chair modern office in Medical building. Will stay any length of time as associate to introduce, etc. Terms can be arranged. Selling because of health. Address X-22, The Fortnightly Review of the Chicago Dental Society.

ORTHODONTIST ASSOCIATE wanted in Kansas City, Missouri practice. Trained in Johnson and Labio-Lingual technics preferred. Address X-23, The Fortnightly Review of the Chicago Dental Society.

Wanted: Associate dentist for large practice in suburb south of Chicago, in a new air-conditioned nine-room clinic-type office. Would prefer a young man who enjoys full mouth rehabilitation. Address X-21, The Fortnightly Review of the Chicago Dental Society, giving age, experience and a recent picture.

SITUATIONS WANTED

NEED HELP, DOCTOR? Need an experienced chair-side assistant—one qualified to handle your office detail? OR—would you prefer an alert, eager to learn BEGINNER for training YOUR WAY at a saving in salary? Either way, we can serve you. We are employment counsellors to the dental and medical professions. Our city-wide service is FREE to the employer. All inquiries—all assignments handled in confidence. 'Phone us about your personnel requirements. There's no obligation. **ASSOCIATED MEDICAL PERSONNEL BUREAU**, Don A. Thompson, Director, 15 E. Washington Street, Telephone ANdover 3-3438.

EXPERIENCED DENTAL ASSISTANT desires position on Northwest Side. Call BERkshire 7-3682.

DENTAL ASSISTANT—(R.N.)—This 24-year-old is anxious to utilize her surgical and Doctor's office experience. References indicate she would be valuable asset for any Dentist, Oral Surgeon, or Clinic. For additional information on this applicant and many others, call **GARLAND MEDICAL PLACEMENT**, 25 E. Washington, ANdover 3-0145.

DENTAL TRAINEE—Family obligations make it impossible for this energetic, bright, 20-year-old to continue nurse's training. She has requested a "career" opportunity in either the Dental or Medical Field. For a prompt interview, call ANdover 3-0145, **GARLAND MEDICAL PLACEMENT**, 25 E. Washington.

Experienced Dental Hygienist interested in full or part time work. Prefers Loop or South Side. Address X-25, The Fortnightly Review of the Chicago Dental Society.

HELP WANTED

DENTAL ASSISTANT—Full time; will train. Call HIGHLand Park 2-7189.

DENTAL HYGIENIST—Full or part time. Practice limited to children. Call HIGHLand Park 2-7189.

DENTAL ASSISTANT—Chairside assistance, sterilizing, "Bosworth" Bookkeeping, typing, X-ray developing. (8:30-5:30). Will train intelligent girl. Call LONGbeach 1-1243 for interview.

DENTAL ASSISTANT—Experienced—personable girl for dental office. Chatham, Avalon Park area. Call STewart 3-2116.

MISCELLANEOUS

HYPNOTISM INSTRUCTION: Evening and Wednesday afternoon classes. Offering a complete course in hypnotic induction with emphasis on time-saving speed techniques. Under direction of Edwin L. Baron, Ph.B. in Psychology (Loyola University 1935, University of Chicago 1945). Hypnotism Institute of Chicago, 64 West Randolph Street, Chicago 1, FRanklin 2-4188.



THE DOCTORS' SERVICE BUREAU

provides

▲ **CAREFUL AND ETHICAL SERVICE**
for Dentists and Physicians

▲ **FREE CREDIT REPORTS** ▲ **FREE LETTERS TO DELINQUENTS**
To control losses To collect slow accounts at no charge

▲ **A COLLECTION SERVICE**
At less than 25% on average

THE DOCTORS' SERVICE BUREAU • Central 6-3787 • 201 North Wells St.

THE
MEDICAL PROTECTIVE
COMPANY
FORT WAYNE, INDIANA

*the doctor's most secure
source of security*

PROFESSIONAL PROTECTION
EXCLUSIVELY
SINCE 1899

CHICAGO Office:
T. J. Hoehn, E. M. Breier and
W. R. Clouston, Representatives,
1142-44 Marshall Field Annex Bldg.,
Telephone State 2-0990

23 Years PROFESSIONAL MEN ONLY

- An experienced service helping doctors save time and money
- Business problems
- Income taxes
- Office systems and records
- Auditing

J. P. REVENAUGH
H. F. KEISTER
59 E. MADISON ST.

PROFESSIONAL
BUSINESS
MANAGEMENT

STATE 2-2262

DIAGNOSIS IN THE DENTAL OFFICE OF THE FUTURE

(Continued from page 12)

be associated with a cardiac condition and indicate precaution in the use of vasoconstrictors in local anesthetics. If the patient has a "prepared soil" in which oral pathology flourishes, the dentist must study the conditions which favor its propagation. The lesion may be a squamous cell carcinoma induced by excessive smoking, a burning tongue due to avitaminosis B-complex or a notch in the incisal edge of the maxillary central caused by abrasion with a bobby pin and not by congenital syphilis. Indeed, it would be no exaggeration to say that a dentist should not make a diagnosis of a minute defect in the proximal surface of an incisor tooth without taking into account the TOTAL PATIENT. And when one speaks of the total patient, reference is not made merely to the 97 cents worth of chemicals of which he is composed, but to the complete *soma* or body and the *psyche* or mind as well as to the total environment in which the patient lives and breathes—his home and family, his vocation, avocations and social life, his thoughts and moods, his personality and behavior patterns, even his politics and religion. (The last mentioned should be known to the dentist, but should never be the subject of discussion in the office.)

Many physicians, especially the ophthalmologists, otolaryngologists and dermatologists are finding it helpful to refer their patients to the dentists for an oral evaluation before they pronounce a final diagnosis. Doubtful signs observed in the eyes, ears, temporomandibular articulations, frontal and maxillary sinuses, nasal cavity, oro-pharynx, the vermilion border of the lips and skin of the face are often confirmed by concomitant oral signs which only the dentist knows how to diagnose properly. Thousands of mouths have been needlessly crippled by thoughtless wholesale extraction of teeth and unnecessary bone surgery on the supposition that the removal of oral "foci of infection" is the first step in curing bodily

ailments. Perhaps the true reason for the sacrifice is that the assumed foci are so easily accessible. The physician who includes dental consultation in his diagnostic procedure is making an invaluable contribution to better medico-dental relations. By the same token, dentists are adding medical consultation to their list of diagnostic aids. There is very little that a dentist is able to do for the delayed healing of an extraction wound if the patient has an unknown diabetes, tuberculosis, syphilis or scurvy, unless supplementary aid is given by the physician.

Only recently has the dentist begun to take a new interest in the intra-oral roentgenogram. Instead of looking only for cavities in teeth and for periodontal pathology immediately adjacent to the tooth, he now pays serious attention to the character of the bone and the shape of the roots. Changes in the periodontal membrane space, lamina dura and bone trabeculation, abnormal radiolucencies and radiopacities and unusually short roots of teeth are no longer overlooked. Many diseases of the skeleton, endocrine glands and metabolic processes leave their stigmata in the teeth and bones and the evidence is frequently best seen in the intra-oral roentgenograms. The dental and medical treatments and the prognosis are often determined by the interpretation of this roentgenographic evidence. The modern medical roentgenologist has made it a habit not to pronounce a diagnosis of hyperparathyroidism without the dentist's evaluation of the alveolar lamina dura.

The dentist of the future will definitely be considered as part of a team of physicians devoted to the healing arts and sciences. He will no longer regard his patient as an articulator with legs, a hole in a tooth, a vacant space to be bridged or an edentulous ridge to be fitted with a "plate." A tooth will be thought of as an animate object attached by its root to a living human being and the mouth will be included as an integral part of the body. Abnormality or pathology in the teeth, oral soft tissues, jaw bones, masticatory musculature, temporoman-

*Yes, Doctor,
you can
retire
when you
please...*

... if you are providing for an adequate retirement income.

Have you a retirement plan that is geared to modern living standards ... to your future needs?

The Great-West Life—which also underwrites the A.D.A. Group Life Insurance Plan—offers a Personal Pension Plan that will bring you a regular income, guaranteed for life from the retirement age you choose ... PLUS life insurance protection for your family.

Joseph D. Robinson has extensive experience in preparing life insurance programs for professional men. Why not let him help you plan for your retirement?

Just write or call:

Joseph D. Robinson, C. L. U.

135 South La Salle Street

RAndolph 6-5560 Chicago 3, Ill.

THE GREAT-WEST LIFE
ASSURANCE COMPANY
HEAD OFFICE—WINNIPEG, CANADA

dibular articulations or any part of the stomatognathic system, including its vascular and nerve supply, may be found to be correlated with a disease or disease in some other part of the body . . . or of the mind. The patient who has an oral problem will be given at least as much attention as the oral problem which he has. Even a toothache may not be due to a defect in a tooth; it may be the silent, though painful, evidence of a systemic condition. The dentist will be able to recognize it and, if it needs further diagnosis and treatment, he will refer the patient to a physician with a request for consultation.

When the world will learn to admire the dentist for his skill in oral rehabilitation, respect him for his knowledge of the tissues into which and upon which he places his restorations and appreciate him for his understanding of the person of whom those tissues are a part, then will dentistry attain the professional dignity it so richly deserves.

NEWS OF THE BRANCHES

(Continued from page 16)

had an encampment of bugs in the lung, but the rout is now complete. . . . "Junior" Medsker sang, "I'll Take You Home Again," to Mrs. Medsker (of all people), all the way down to Norfolk (I *think*) to visit members of her family. . . . Gossip has it that there is a new li'l mouth to feed at the Waska homestead. . . . From the magnificent tribute paid him by the attendance of a host of his friends at his wake, I am certain that many of you know of the passing of our friend Dr. Thomas J. McCarthy. Rarely has so huge a crowd paid homage to one of our deceased members. Dr. Tom was a man who did not have time to grow old. He was much too active to let the mere accumulation of years tire him. His joy in living and his keen interest in his profession filled his every hour. Active and alert to the very end of his days, Dr. McCarthy died as he would have willed —looking forward. His kind offer to go

YOUR ENTIRE FEE IMMEDIATELY

Hundreds of your colleagues are now extending budget arrangements to their patients, BUT receive IMMEDIATE CASH from US.

NO MEMBERSHIP FEES — NO RESERVES

VERY LOW RATES TO YOUR PATIENT—A dignified service by a small organization serving our community for 22 years and qualified to serve your patients in a manner befitting your profession.

NO LIABILITY ON YOUR PART

**CONFIDENTIAL BETWEEN YOU AND YOUR PATIENT
HANDLED IN YOUR OFFICE**

The Collection Problems and Losses Are Ours

Phone or write for details — No salesmen will call

G. A. F. PROFESSIONAL SYSTEM

SPECIALIZING IN BUDGET DENTISTRY

139 N. Clark Street

Phone DEarborn 2-7119

a long distance out of his way to make possible the attendance of a friend at the next study club meeting was a mark of the man. I shall not now make that meeting, but I shall never forget his gesture. Mrs. McCarthy, we join with you in your grief, but we exult in having shared with you the fullness of his days.
—Romaine J. Waska, Branch Correspondent.

KENWOOD-HYDE PARK

Wouldn't it be wonderful if each branch would send its branch correspondent to the national meeting, expenses paid of course, to gather on the spot information on your traveling members?? Let's get together, men, and put this idea across. . . . Kenwood had quite a contingent in San Francisco. Rudy Grieff had a hard time getting away from Chicago, his flight was 8 hours late. Received a card from Rudy saying that he was having a wonderful time, and that there were familiar faces all over town.

. . . Jesse Carlton enjoyed the trip and just raved about the beautiful scenery, Jesse missed our November 1 meeting because he was on the program of the Northwest Side Branch. Before the month is over Jesse will also give a clinic at the Greater Detroit meeting on November 28-29. . . . H. E. Haines looked a little lost out in San Francisco without his side-kick Gyp McKenzie. . . . Willard Johnson attended the meeting as a delegate and was kept very busy in this capacity. Willard reports that the attendance was the largest ever at a national meeting. . . . Walt Dundon was almost half way to Hawaii when one of the motors conked out and they had to turn back to San Francisco. Walt may have mentioned this in his card but I'll have to wait until I see him to have it translated, it was written in Hawaiian. An unusual presentation was made to Walt at our last meeting commemorating his heroic return to San Francisco. . . . Received a card from Larry Johnson from Frisco and a couple from Hawaii. Larry was very enthused about his stay in the is-



Offer limited to 5 lbs. per customer. Offer will be withdrawn without notice when supply is exhausted.

Handy Order Form

CRESCENT MERCURY, U.S.P.

Please send me at once:

_____ pound(s) of mercury @ \$8.00 per lb.

This is per your Special Offer. I understand that the container may have a cracked or broken handle, chipped surface or other superficial damage which does not in any way harm the Crescent Mercury, U.S.P.

- ☐ Charge above through my dealer with whom I have a charge account.
☐ Enclosed find check for \$_____ ☐ Send C.O.D.

Doctor _____

Address _____

My Dealer is _____

Please Print

Mail today to

Crescent DENTAL MANUFACTURING CO.
1839 South Pulaski Road, Chicago 23, Illinois

lands, says he could really enjoy practicing dentistry out there. . . . We should be at full strength for our next meeting on December 6. Edward Landeck will present the next phase of our post graduate course on operative dentistry. This meeting will deal with amalgams and synthetic porcelain restorations. This is an extremely important phase of our practice of dentistry and what Edward Landeck has to say will certainly help your practice in many ways. Be sure to make a dinner reservation first and come over and hear many first hand accounts of the San Francisco meeting. . . . Bill DeLarye has his arm out of the sling now and is back in his office. . . . Bob Wells did some pheasant hunting in Michigan. Wayne and Clint Fisher did a little of the same on November 11. . . . Wayne enjoyed his trip to the coast, took in the meeting and had fun too. . . . Jack Flanagan's father passed away in Santa Monica, California on October 15th. The members wish to express their sympathy to Jack, his mother, brother and sister.—*Howard J. Harvey, Branch Correspondent.*

WEST SIDE

Program Chairman Max Chubin wishes to report that the West Side Branch will be the first branch of the Chicago Dental Society to present a projected clinic. It is also, insofar as we can ascertain, the first time a projected clinic has ever been presented followed by a question and answer period. Our guest

program chairman for this, the December 13 meeting, will be Dr. Gerson M. Gould who is the originator of this particular type of clinic. Dr. Gould has made all of the arrangements for a successful, well-rounded, and instructive evening. Each clinician will spend a maximum of 17 minutes on his subject. The clinicians and their subject matter are Drs. Frank M. Amaturio—Cavity Preparation; Harold H. Epstein—Practical Considerations in Root Canal Therapy, and Theodore Gordon—Mouth Rehabilitation. . . . Walter Kelly, Branch Director, wishes to announce that the men representing the West Side as limited attendance chairmen at the Midwinter Meeting are Al Sells, John Reilly, Walt Zipprich, Josh Vission, Sam Rakow, Andy Kelleher, Fred Bazola, Max Chubin, and yours truly. . . . John Reilly, Branch President, is seeking a man from the branch to act as the Dental Society representative at the Jefferson School, 1522 W. Fillmore, and the Irving School, 2140 W. Lexington St. The work consists of examining the mouths of school children one Wednesday morning a month and meeting with the P.T.A. and Health Service to discuss the dental problems of the children. Anybody interested in the assignment call John at Van Buren 6-0010. . . . Howard and Mrs. Rosen had a pleasant vacation this summer visiting Europe for 7 weeks. Howard informs me that the crossing over was made on the *Queen Mary* and that they returned on the PAA Super Stratocruiser.—*Victor Ganz, Branch Correspondent.*

CALL US FOR **NEY GOLD & TECHNIC**



CEntral 6-0791

JEANNE WILKINSON
MANAGER, CHICAGO OFFICE
PITTSFIELD BUILDING, 18th FLOOR

JACK REINHARDT
TECHNICAL REPRESENTATIVE

The J. M. NEY COMPANY

Since 1812

NEWS AND ANNOUNCEMENTS

(Continued from page 6)

of directors. His fellow Psi Omegans and many friends will miss his great good humor and endless anecdotes; and the many dentists who worked for him will cherish their introduction to dentistry under his tutelage. Death came to Dr. Faller on June 28, 1955 at his home in McHenry, Illinois, where he was in semi-retirement.—*Alf H. Altern.*

DR. L. H. FLANAGAN

Dr. L. H. Flanagan, one of Chicago Dental Society's fifty-year men, passed away on October 15, 1955 at his home in Santa Monica, California where he had made his home for the past four years. He was a graduate of Northwestern University School of Dentistry, Class of 1900 and shortly thereafter began practice on the south side. In 1917 he moved to the Marshall Field Annex where he continued his professional duties until 1951 when he retired from active practice. Even though retired, whenever he was in the city he always saw old patients. In 1950 Dr. Flanagan was honored for his fifty years of service in dentistry by the Kenwood-Hyde Park Branch. In 1953 he received the fifty-year Award of the Illinois State Dental Society.

His wide circle of friends will miss his sunny smile and his ready wit and humor and those whom he has served so well will have lost a real friend.

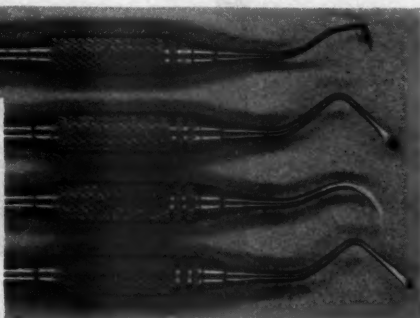
To Mrs. Flanagan; daughter, Mrs. William Barnes; sons, Lawson and Jack, and five grandchildren, we would express our sincere sympathy and the hope that the kind thoughts of Dr. Flanagan's many friends may be a constant source of comfort and strength.—*Elmer Ebert.*

ZOLLER ANNOUNCES NEW ANTHROPOLOGY LABORATORY

The completion of a new laboratory for furthering the study of mutual problems in dentistry and physical anthropology has been announced by Dr. Frank J. Orland, Director of the Zoller Memorial Dental Clinic at the University of Chicago. The activities of the Zoller Laboratory of Dental Anthropology are being guided by Albert A. Dahlberg, Research Associate in Anthropology and in the Zoller Memorial Dental Clinic. Dr. Dahlberg has been doing research and writing in the fields of dental evolution, morphology and genetics with emphasis on application to dental problems. Basic to these studies are roentgenograms, extracted teeth and thousands of dental casts of large samplings of the various American Indian populations collected by Dr. Dahlberg and his associates in the U. S. Public Health Service and in the Bureau of Indian Affairs.

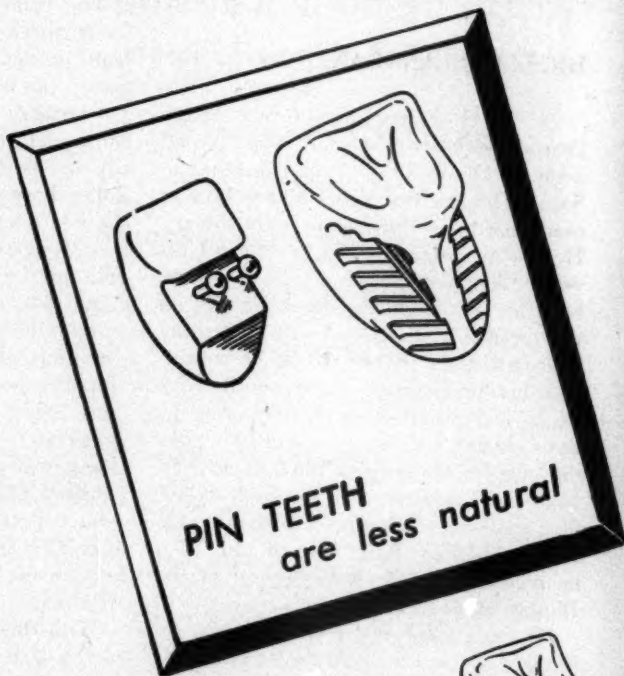
With this new Zoller Laboratory completed, it is now possible to also offer a Fellowship in Dental Anthropology to qualified young dental graduates.

The most complete line of instruments. "SURE GRIP" hollow handles, single or double-ended. Points replaceable. Ask your "DEALER" or call, GRaceland 7-1898.



La Hirt Dental Specialties, 2653 N. Orchard St., Chicago, Ill.

Why use **PIN TEETH?**



PRESCRIBE



Micromold Teeth

FOR A NATURAL LINGUAL AND LABIAL

In the Chicagoland Area
You Can Secure MICROMOLD®
Teeth from the Following Laboratories

ANNEX DENTAL LABORATORY

25 E. Washington Street STate 2-5177
CHICAGO 2, ILLINOIS

AUSTIN PROSTHETIC LABORATORY

5944 W. Madison Street AUstin 7-3238
CHICAGO 44, ILLINOIS

EHRHARDT & CO.

32 W. Randolph Street ANdover 3-6460
CHICAGO 1, ILLINOIS

JOSEPH E. KENNEDY COMPANY

7900 S. Ashland Avenue ABerdeen 4-6800
CHICAGO 20, ILLINOIS

ORAL ART LABORATORY, INC.

25 E. Washington Street DEarborn 2-4141
CHICAGO 2, ILLINOIS

STANDARD DENTAL LABORATORIES

225 N. Wabash Avenue DEarborn 2-6721
CHICAGO 1, ILLINOIS

UPTOWN DENTAL LABORATORY, INC.

4753 Broadway LONgbeach 1-5480
CHICAGO 40, ILLINOIS

1. **4 1/4% MORTGAGES**
to buy, build or re-finance.
2. **BUSINESS INSURANCE —**
RETIREMENT PLANS.

DR. JOHN L. KRAUSE

Professional Service Representative
29 So. LaSalle St. FRanklin 2-0400

FACTS AND FALLACIES ON FLUORIDATION

(Continued from page 19)

currently oppose fluoridation. Investigation reveals that few of these have reported original work related to this subject. Nevertheless, their assertions have received careful attention by responsible evaluating groups. In no instance has the evaluating group found justification for delaying fluoridation.

It may be noted that this situation is not unique with respect to fluoridation but has been observed in the case of other widely accepted public health procedures.

(9) *How safe is safe? What assurance of safety should be required for fluoridation?*

We are continually required to perform actions which have some remote degree of hazard. A child is required to attend school even though this may entail crossing streets. Obviously we should make every reasonable effort to eliminate the dangers at street crossings. Still, no one will be able to guarantee that no injury of any kind will ever occur under any circumstances to a child crossing a street on the way to school. Nevertheless, some misguided individuals have not hesitated to suggest an equally impossible guarantee of the safety of fluoridation. Guarantee, in this sense, is not a part of the vocabulary of the scientist.

There is general agreement that before a chemical is first employed in the diet of humans, the chemical must be subjected to prolonged testing in many ani-

mal species. Only then may cautious tests in human volunteers begin. After extensive preliminary studies in human volunteers, the chemical may be employed in field trials. These field trials are usually of extreme importance because they provide experience under actual conditions of use and they sometimes reveal information which could not have been predicted from the earlier studies.

When the dietary use of a chemical is not new, however, we find that nature has reversed the order of events. Then the chemical may have been subjected to an extensive, although inadvertent, field trial before its nutritional significance was recognized. Such was the situation with water-borne fluoride. Records of water sources show that several million persons in the United States have consumed water containing fluoride ion at or above the recommended level for many years. This group has provided the material for the studies mentioned earlier.

Safety, then, is the lack of hazard and the failure to detect hazards from the use of properly fluoridated water even after extensive experience, and many careful studies provide the basis for the assurance of the safety of a community fluoridation program.

On the other hand, there is convincing evidence that deferring a fluoridation program involves the continuation of real dangers. As a single example, we may consider the individual who has had rheumatic fever and requires removal of teeth as a consequence of tooth decay. This patient is especially susceptible to an infection of the heart valves which may follow the surgical operation when the oral tissues harbor certain bacteria. When the dentist is able to recognize this situation, he can provide protection through the use of penicillin. In some cases, however, the patient will not recall or be aware of the earlier infection and the need for penicillin may not be recognized. Still other patients may not tolerate the penicillin. Eventually fluoridation will eliminate much of this danger by greatly reducing the need for the extraction of decayed teeth.

